



## Medical Necessity Criteria for Oral Inhaled Corticosteroids

**Background** – After evaluating the relative clinical and cost effectiveness of these agents, the DoD P&T Committee recommended that the following medications be designated as non-formulary under the Uniform Formulary. This recommendation has been approved by the Director, DHA.

- Beclomethasone (QVAR)
- Budesonide (Pulmicort Flexhaler)
- Ciclesonide (Alvesco)
- Flunisolide (Aerospan)
- Mometasone (Asmanex Twisthaler)

Patients currently using a non-formulary agent may wish to ask their doctor to consider a formulary alternative.

### Special Notes:

1. Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.
3. Step therapy/prior authorization (PA) requirements apply to all drugs in this class. The medical necessity form may NOT be used to meet PA requirements.

### Medical Necessity Criteria for Oral Inhaled Corticosteroids

The non-formulary cost share for may be reduced to the formulary cost share if the patient meets any of the following criteria:

- Use of Flovent Diskus or Flovent HFA is contraindicated
- The patient has experienced significant adverse effects from Flovent Diskus or Flovent HFA, which is not expected to occur with the nonformulary ICS.
- The patient has had an inadequate response to Flovent Diskus or Flovent HFA.
- The patient previously responded to the nonformulary agent and changing to a formulary agent would incur unacceptable risk.
- No alternative formulary agent: the patient is pregnant and requires Pulmicort Flexhaler

*Criteria approved through the DOD P&T Committee process May 2014*

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TRICARE Pharmacy Program Medical Necessity Form for  
Inhaled Corticosteroids



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This form applies to the TRICARE Pharmacy Program (TPHarm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Flovent Diskus, Flovent HFA, and Pulmicort Respules are the formulary inhaled corticosteroid products on the DoD Uniform Formulary. Aerospan, Alvesco, Asmanex Twisthaler, QVAR, and Pulmicort Flexhaler are nonformulary, but available to most beneficiaries at the non-formulary cost share.**
- You do NOT need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

<b>MAIL ORDER and RETAIL</b>	<ul style="list-style-type: none"><li>• The provider may <b>call: 1-866-684-4488</b> or the completed form may be <b>faxed to: 1-866-684-4477</b></li><li>• The patient may attach the completed form to the prescription and <b>mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or <b>email the form only to: TPHarmPA@express-scripts.com</b></li></ul>	<b>MTF</b>	<ul style="list-style-type: none"><li>• Nonformulary medications are available at MTFs only if <b>both</b> of the following are met:<ul style="list-style-type: none"><li>◦ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.</li><li>◦ The nonformulary medication is determined to be medically necessary.</li></ul></li><li>• Please contact your local MTF for more information. There are no cost shares at MTFs.</li></ul>
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**Step 1** Please complete patient and physician information (please print):

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID # _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

**Step 2** Please explain why the patient cannot be treated with the formulary agent Flovent Diskus or Flovent HFA. Circle a reason code if applicable. You **MUST** provide a specific written clinical explanation to support why the formulary agent would be unacceptable.

Formulary Agent	Reason	Clinical Explanation
<b>Flovent Diskus Flovent HFA</b>  (fluticasone propionate)	1 2 3 4 5	

**Acceptable clinical reasons for not using the formulary agent are:**

1. Use of Flovent Diskus or Flovent HFA is contraindicated.
2. The patient has experienced significant adverse effects from Flovent Diskus or Flovent HFA, which is not expected to occur with the nonformulary agent.
3. The patient has had an inadequate response to Flovent Diskus or Flovent HFA.
4. The patient previously responded to the nonformulary agent and changing to Flovent Diskus or Flovent HFA would incur unacceptable risk.
5. **For Pulmicort Flexhaler only:** the patient is pregnant.

**Step 3** I certify the above is true to the best of my knowledge. Please sign and date:

_____ Prescriber Signature	_____ Date
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